UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/CP/148
17 February 1995

ORIGINAL: ENGLISH

Second regular session 1995
3-7 April 1995, New York
Item 2 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Benin
Support for a comprehensive population programme

Proposed UNFPA assistance:	$10.0 million
Estimated value of the Government's contribution:	To be determined
Duration:	Four years
Estimated starting date:	January 1995
Executing agencies:	Government of Benin United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning and Economic Restructuring

/...

Benin

Demographic facts

Population (000)		Average annual change (000)	
Total	5,409	Population increase	171
Males	2,674	Births	267
Females	2,735	Deaths	96
Sex ratio (/100 females)	97.8	Net migration	0
Urban	1,691	Annual population total (% growth)	2.94
Rural	3,718	Urban	4.55
Per cent urban	31.3	Rural	2.16
Population in year 2000 (000)	6,266	Crude birth rate (/1000)	45.8
Functional age groups (%)		Crude death rate (/1000)	16.4
Young child: 0-4	19.6	Net migration rate (/1000)	0.0
Child: 5-14	27.8	Total fertility rate (/woman)	6.60
Youth: 15-24	18.4	Contraceptive prevalence rate (% 15-44)	9
Elderly: 60+	4.5	Gross reproduction rate (/woman)	3.25
65+	2.6	Net reproduction rate (/woman)	2.35
Percentage of women aged 15-49	43.4	Infant mortality rate (/1000)	79
Median age (years)	16.3	Maternal mortality rate (/100,000)	..
Dependency ratios: total	101.1	Life expectancy at birth (years)	
(/100) Aged 0-14	95.3	Males	47.2
Aged 65+	5.7	Females	50.6
Agricultural population density (/hectare of arable land)	1.5	Both sexes	48.9
Population density (/sq. km.)	46	GNP per capita (U.S. dollars, 1992)	410

Sources: Population density on arable land is derived from The State of Food and Agriculture 1991 issued by the Food and Agriculture Organization of the United Nations; gross national product per capita: World Bank, World Development Report 1994. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1995; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of Economic and Social Information and Policy Analysis of the United Nations, World Population Prospects: The 1994 Revision. Figures for urban-rural average annual change are from World Urbanization Prospects: The 1994 Revision and are five-year averages for 1990-1995. Figures for maternal mortality are for 1980-1990; figures for contraceptive prevalence rates are for currently married women aged 15-44. Both are from table 5 of World's Women: Trends and Statistics, 1970-1990, New York, United Nations, 1991 (ST/ESA/STAT/SER.K.8). Two dots (..) indicate that data are not available.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $10.0 million, which would be committed from UNFPA's regular resources, over a four-year period, starting January 1995, to assist the Government of Benin in achieving its population and development objectives. This would be UNFPA's fourth country programme for Benin.

2. The proposed programme for 1995-1998 is based on: (a) the Government's objectives and strategies as outlined in the Economic Policy Framework 1994-1996; (b) the recommendations of the Programme Review and Strategy Development (PRSD) mission that visited Benin in May/June 1994; (c) the experience gained during the implementation of the three previous programmes of assistance; (d) the recommendations of the Programme of Action of the International Conference on Population and Development (ICPD); and (e) extensive consultations and discussions with senior officials of concerned Ministries, and with representatives of other United Nations agencies and organizations, especially UNDP, multilateral and bilateral donors, and non-governmental organizations (NGOs). The proposed programme is intended to complement and supplement national population activities.

3. Benin is a small country of about 115,000 square kilometres and a population of 5.4 million. This population is increasing at the rate of 2.9 per cent a year, which, if continued, would lead to a population of 16 million by 2025. Benin is one of the poorest countries in the world, with an annual per capita income of $410. Other economic and social indicators are also poor, especially the adult illiteracy rate (71.4 per cent). The Government has launched a structural adjustment programme, but the expected benefits have not yet been felt.

4. In terms of assistance in the areas of health and population, Benin is the beneficiary of the programmes of a large number of United Nations organizations and agencies and of several major bilateral donors. The proposed UNFPA programme of assistance, in combination with these other resources, could lead to a real impact on family welfare and the population growth rate by the end of the programme period if certain major constraints can be overcome. The two most important of these have been the lack of coordination among major donors and the lack of commitment by the Government (there is, for example, no national population policy). The proposed programme is designed to address these problems.

5. The cornerstone of the proposed UNFPA programme would be to improve reproductive health and family planning (RH/FP) services in the context of the primary health care system. This will be supported and reinforced by appropriate information, education and communication (IEC) activities, relevant data collection and analysis, and pertinent operational research. An important related activity will be to elaborate a national policy to improve the role and status of women.

6. The immediate objectives of the programme would be to help reduce maternal and infant mortality and morbidity levels and to increase modern contraceptive prevalence from the current level, estimated at 2.5 per cent, to 4 per cent nationally and 9 per cent in urban areas by 1998. (See p. 2 for United Nations estimates, which show a somewhat higher level of contraceptive use.) This would be achieved by consolidating the delivery of family planning services in the 120 health centres that are currently being

supported by UNFPA and by developing outreach services to rural areas in all six of the country's administrative regions.

7. Other objectives would be to ensure an effective institutionalization of the population education and family life education (FLE) programme at all levels of the educational system as well as in private educational institutions, and to support action-oriented programmes in the area of women, population and development aimed at promoting responsible parenthood and at creating awareness of other issues concerning reproductive health (including family planning). The proposed programme is designed to enhance collaboration among all donors involved in the health and population field and to promote, to the extent feasible, national execution of population activities through appropriate training of nationals and the use of national expertise, with technical support provided by the UNFPA Country Support Team based in Dakar, Senegal.

II. BACKGROUND

8. Demographic trends. According to the 1992 population census, the total population of Benin was 4.9 million (over 51 per cent of whom are women and some 48.5 per cent of whom are under 15 years of age). (See the demographic fact sheet on p. 2 for the latest United Nations estimates.) At the current rate of population growth, the population of Benin will double in 20 years. By the year 2025, it would increase to some 16 million. The population is unevenly distributed, with 60 per cent occupying the coastal region, which accounts for only 10 per cent of the national territory. The population is particularly concentrated in the three main coastal towns -- Cotonou, Porto-Novo and Ouidah. Between 1979 and 1992, according to the census, the proportion of the population living in urban areas rose from 26.5 to 36.0 per cent due primarily to deteriorating economic and social conditions in rural areas.

9. Social and economic factors. Between 1974 and 1982, the economy of Benin was subject to a period of intense state control and interventionism. With the launching of the first structural adjustment programme in June 1989, the Government's economic policy focused on reducing the role of the public sector, maintaining a balanced budget, encouraging development of the private sector, and using a three-year rolling plan of investments. Popular expectations for an improved standard of living following the return to multi-party democracy have not yet been realised, however, primarily because the necessary institutional changes have not been put into place. The country's socio-economic situation has been further complicated by the external adjustment measures taken by the Government following the 50 per cent devaluation of the CFA franc in January 1994.

10. With a per capita gross national product of $410 per capita in 1992, Benin is one of the poorest countries of the world. The adult illiteracy rate remains high (71.4 per cent in 1992), and sociocultural barriers vis-à-vis improving the status of women and enhancing the education of girls still persist. Only 50 per cent of children of school age (of whom 32 per cent are girls) attended primary school in 1990. The downward trend of budgetary allocations, especially for activities in the social sector, has led to lower school enrolment rates at all three levels of the education system.

11. Although women constitute the majority of the labour force in both the rural and informal sectors and play an important social and economic role, they remain disadvantaged. Only 1.2 per cent of women

participate in the formal sector of the economy. Equality between men and women, although recognized in the Constitution, has yet to be translated into daily life. The National Commission for the Integration of Women into the Development Process, established in February 1994, is, however, making laudable efforts to develop and implement a national strategy for improving the condition of women. The recent adoption of a Family Code is designed to facilitate the improvement of the status of women and their integration into the development process. A recent government decision to provide free education for girls in rural areas should increase school enrolment for girls.

12. Health care indicators. The Beninese authorities consider access to health services as a priority. The Government has adopted primary health care as the major strategy for achieving the objective of "Health for All". To this end, the peripheral health service system has been recently created to supervise and coordinate the preventive, curative and promotional health services at the district and community levels and to serve as the level of first referral for these levels of the health-care system.

13. Government policy is to provide integrated RH/FP services at the University Hospital (referral) Centre in Cotonou, at all four provincial hospital centres, as well as at 84 district health centres, 285 communal health centres and 371 village health posts. In the private sector, health services are available (as of 1993) in 13 hospitals or polyclinics, 46 surgeries, 56 maternity clinics and 47 health (nursing) centres. In addition, there are several NGO (especially missionary) health centres across the country.

14. Despite the sectoral reforms undertaken by the Government since 1989 aimed at improving the performance of health services, the quality and effectiveness of these services are still lacking. The health situation in Benin is characterized by the prevalence of infectious and parasitic diseases (malaria, diarrhoea, gastro-enteritis). The number of declared cases of HIV/AIDS (predominantly among prostitutes and 15-49 year-olds) in 1993 was 566, compared with 218 in 1992. About 9,865 cases of sexually transmitted diseases (STDs) were noted in 1992, with Ouémé and Borgou provinces being the most affected.

15. Malnutrition affects 35 per cent of children under 5 years of age. The crude death rate is high, at 16.4 per 1,000 population. Infant and child mortality, the principal component of general mortality, is also comparatively high (a combined 149 per 1,000 live births in 1990). Maternal mortality is 260 per 100,000 live births in hospitals, but the national average is estimated at 800 per 100,000 live births. Only 34 per cent of births are assisted by health personnel. The incidence of induced abortion is increasing rapidly and is reported to account for 33 per cent of maternal deaths.

16. Public access to modern health services is still limited to about 50 per cent of the total population. Between 1992 and 1993, the proportion of the population relying on traditional practitioners rose from 25 to 33 per cent, due essentially to the prohibitive cost of modern health services. With a national average of one doctor for every 14,768 inhabitants (reaching one doctor for every 39,000 patients in the North), one midwife for every 10,530 inhabitants and one nurse for every 3,447 inhabitants (1992), Benin's health-care system is considerably below the World Health Organization's (WHO) norms for the provision of these services. The health infrastructure is confronted with problems of inadequate resources coupled with poor management capacity and low quality of services.

17. In addition to the government health units, family planning services are also provided by the private sector and by two urban clinics (in Cotonou and Porto-Novo) of the Benin Association for the Promotion of the Family (ABPF), the local affiliate of the International Planned Parenthood Federation (IPPF). In spite of the multiplicity of financial, material and technical resources provided by donors for family planning services for the last two decades, the contraceptive prevalence rate, which has never been scientifically assessed, has remained between 1.0 and 2.5 per cent.

18. The factors constraining the acceptance and practice of family planning are varied and numerous, and range from the lack of resources, to low management and absorptive capacities, to the absence of a comprehensive family planning policy document. They also include: ineffective intersectoral coordination of activities; ineffective integration of family planning with maternal and child health (MCH) services; lack of confidentiality in the delivery of contraceptive services; poor Government/NGO collaboration; the continued existence of the 1920 French colonial law prohibiting the use of contraception; the necessity of getting husbands' consent as a pre-condition for delivery of family planning services to married women; religious (especially Islamic) opposition; and the inherent pronatalist attitudes of Beninese society. However, the Government has adopted a "laisser-faire" attitude towards the delivery of, and information on, family planning services. Steps are being taken to replace the 1920 French law with a government declaration aimed at legalizing the provision of family planning information and services which would allow these services to be integrated more effectively into the MCH services that are available.

19. The Government's awareness of the interrelationships between population dynamics and sustainable development has been reflected in successive national development plans and more recently in the documents prepared for the ICPD. The establishment of a Population Planning Unit in the Ministry of Planning in 1989 and the creation in 1991 of the Ministry of Environment, Urbanization and Housing are a further demonstration of this awareness. An Environmental Plan of Action was developed in 1992 that includes seven action-oriented programmes that are funded by the World Bank and UNDP.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

20. UNFPA assistance to Benin commenced in 1972 with preparatory support for the first population and housing census. During 1981-1982, additional funds in the amount of $1.4 million were allocated to support MCH/FP activities. The first comprehensive programme of assistance for population activities was approved in 1983 in the amount of $2.4 million for four years. The second country programme was approved for a five-year period from 1988 to 1992 with the overall objective of institutionalizing population policies and integrating demographic variables into national development plans. Expenditures totalled $4.2 million, against an original approved amount of $4.0 million. A third programme was implemented from 1992 to 1994. Over 50 per cent of the approved programme amount of $4.6 million, including $2.8 million from UNFPA regular resources, was allocated to the MCH/FP and IEC sectors. The programme implementation rate is estimated at 77 per cent.

21. UNFPA assistance has contributed to raising the awareness of government officials and opinion leaders about population issues; making basic population data available for development planning; strengthening the national capacity to carry out activities in the population field; and helping to create infrastructures to promote women's activities.

22. In spite of these achievements, the implementation of the UNFPA-assisted programme in Benin has been hampered by inadequate infrastructure; poor and/or ineffective interagency collaboration; inadequate use of NGO (especially ABPF) expertise and operational services; insufficient awareness among policy and decision makers of the interrelationships between population and the development process; inadequate training for national cadres in carrying out activities; and ineffective overall management.

Maternal and child health and family planning

23. UNFPA support to MCH/FP activities dates back to 1981, when a grant of $2.35 million was provided for birth-spacing activities. This assistance has been continued to the present to assist the Government in strengthening MCH/FP services, in formulating and implementing a national family planning policy and strategy, and in providing contraceptives.

24. UNFPA's assistance has helped to train health personnel; renovate 250 health centres and provide contraceptives and medical equipment to these centres; strengthen the national referral centre and rehabilitate eight family planning centres; elaborate a national policy document for family planning, not yet officially adopted; and prepare IEC materials for family planning motivation activities. A Family Health Division was also recently created within the Ministry of Health, with responsibility for conceptualizing, developing and coordinating family health, including family planning, activities in Benin.

25. In spite of the progress made, the basic conditions needed to realize the objectives of this sector have still not been well established. Too strong an emphasis was put on maternal and child health in relation to family planning during the first two UNFPA-assisted programmes. The modalities for collaboration between the Ministry of Health and relevant NGOs, especially the ABPF, have not been clearly defined. This situation has given rise to avoidable duplication of effort and services. Other constraints include inadequate budgetary allocations for health-sector activities and ineffective coordination of the various donor activities.

Information, education and communication

26. The introduction of population education and family life education (FLE) into the formal school system started on a pilot basis in 1984 with UNFPA assistance. The activities undertaken in three phases between 1984 and 1994 have permitted the formulation of an appropriate strategy covering interrelated efforts to develop curricula, produce didactic materials, train trainers and teachers, and sensitize heads of schools and those responsible for revising school curricula. The programme, which is being extended throughout the country's school system, now involves 500 primary schools out of 2,736; 80 secondary schools out of 156; and in-service training for 21 per cent of primary-school teachers and 40 per cent of secondary-school teachers.

27. Several weaknesses have hampered the implementation of the population education and FLE programme including the ineffective institutionalization of the programme, the absence of a system of continuous monitoring and evaluation and the constant changes in the programme's core management team. Furthermore, there has been little or no coordination between the UNFPA-assisted programmes and similar programmes supported by other organizations such as FAO and UNICEF. Moreover, the

population education and FLE programme covers only students in the public schools, not those in private institutions.

28. In the non-formal sector, UNFPA began support for activities aimed at fostering population communication in rural areas in 1989. These were intended to sensitize recent literates, to train journalists in population concepts and to create pilot centres for the production of pamphlets and other motivational materials. Implementation was hampered by the weakness of the institutional framework, the absence of a clear national strategy for population communication, and over-ambitious objectives. Major achievements to date include the training of 29 technicians in introducing population education into post-literacy curricula and of 18 journalists in population-related information and communication techniques. In addition, radio tapes have been produced for broadcasting in rural areas, and a training manual has been published.

Data collection and analysis

29. UNFPA assistance has enabled the Government of Benin to implement two population and housing censuses in 1979 and 1992. The final results of the 1992 census have been published and circulated to national users and development partners. UNFPA also supported the pilot phase of a civil registration project, initiated in 1989. The project had been expected to improve the civil registration system in three of the country's six provinces, but it had to be suspended as a result of the country's socio-political situation in 1990.

Population policy formulation

30. In 1988, UNFPA provided assistance for the establishment of a Population Planning Unit (PPU) in the Ministry of Planning. The institutional capacity of the Population Planning Unit has been strengthened through study tours and long-term training abroad. Research related to the formulation of a population policy and the integration of population variables into development plans was carried out in collaboration with the Population Training and Research Centre at the National University of Benin. Progress has been made in elaborating a national population policy document.

31. Project implementation has been constrained by ineffective coordination among institutions involved in population activities. This is partly due to the fact that the national coordinator of population activities has not been available on a full-time basis, and partly due to public-sector strikes and understaffing as well as inexperience and high staff turn-over at the Population Planning Unit.

Population dynamics

32. UNFPA's support to the Population Training and Research Centre at the National University of Benin has resulted in the training of 24 senior technicians and two doctoral candidates. The Centre has edited two important studies for publication and is currently carrying out research studies on the opinions and behaviours of couples living in Cotonou concerning family planning and children's health.

33. In the long term, success of activities in this area could be hampered by the limited financial resources of the University. Furthermore, there is no mechanism in place to coordinate the activities of the Centre with those of other national research institutions involved in population-related issues in Benin.

Women, population and development

34. In 1988, UNFPA approved support for the training of women's groups and cooperatives in the management of income-generating and other women's development activities. The project was not able to fully achieve its objectives, however, owing to the unexpected dissolution of the implementing agency in March 1990. Implemented activities consisted of workshops for 36 trainers to help develop a project strategy and of field trips to identify on-going activities of women's associations. UNFPA support to this sector was resumed in 1994 as the Fund provided assistance to the National Commission for the Integration of Women into the Development Process to prepare for the Fourth World Conference on Women, to be held in Beijing in September 1995, and to formulate a national policy on women and development, with relevant action plans. Other development activities for women, such as management training, utilization of appropriate technology, and reduction of illiteracy among girls, have been funded by a variety of United Nations agencies and organizations.

Other external assistance

35. Much of the international assistance to Benin has focused on health and, to a lesser extent, environmental protection, and these have implications for the area of population. The World Bank, in collaboration with Coopération Suisse, provides support, in the amount of $29 million, to help develop health services in such areas as resource management, reform of the national pharmaceutical system, institutionalization of MCH/FP services, and the prevention of AIDS. UNDP has supported, inter alia, some 15 pilot community-based clinics in underserved urban areas and provided assistance to produce training materials for health personnel. UNICEF's programme of assistance, totaling $21 million, encompasses many health-related activities, including health education in primary schools and Safe Motherhood programmes. The previous UNICEF programme (1990-1994) had supported the Expanded Programme of Immunization (EPI) and promoted primary health care. WHO has developed a training programme for health personnel. It also provides support for the construction of clinics for cooperatives and collaborates with the University Hospital Centre in the area of human reproduction.

36. The European Union provides assistance to construct and equip hospitals in three towns. The Coopération Française has provided technical assistance to improve the management of the health sector and to help set up a health data system. It has also provided equipment and training, and supported activities to prevent the spread of malaria, AIDS and other endemic diseases. The United States Agency for International Development (USAID) has supported two urban clinics run by the ABPF in Cotonou and Porto-Novo. It has also provided funds for an operational research study on the status of family planning services in Benin that was conducted in July-August 1994. The German Government has provided support to construct and/or renovate and equip health facilities as well as to improve family planning service delivery and to train health personnel in 10 sub-districts.

37. The IPPF is the only international NGO providing substantial assistance for population activities. Since 1972, it has provided funds to the ABPF to implement IEC activities and procure contraceptives.

IV. PROPOSED PROGRAMME 1995-1998

38. In the planning and implementation of programme activities, the proposed UNFPA programme would place particular emphasis on IEC activities in order to create the conditions needed to help change attitudes towards reproductive health and family planning services and, correspondingly, to increase demand for such services. Operational research activities have been included in each of the core sectors of the UNFPA programme. These research activities would be closely coordinated, and the results used to further develop each sector of the programme. The findings would also be made available for programme evaluation activities. Among the targets of the IEC programme would be politicians, decision makers and development planners, as well as programme managers and beneficiaries.

39. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD) which was endorsed by the General Assembly through its resolution 49/128; that is, that human beings are at the centre of concerns for sustainable development (principle 2 of the Programme of Action); that population-related goals and policies are integral parts of cultural, economic and social development, the principal aim of which is to improve the quality of the life of all people (principle 5); that advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (principle 4); that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (principle 8); that reproductive health-care programmes should provide the widest range of services without any form of coercion (principle 8); and that the principle of informed free choice is essential to the long-term success of family-planning programmes; that any form of coercion has no part to play; that governmental goals for family planning should be defined in terms of unmet needs for information and services; and that demographic goals, while legitimately the subject of government development strategies, should not be imposed on family-planning providers in the form of targets or quotas for the recruitment of clients (chap. VII, para. 12 of the Programme of Action).

Reproductive health and family planning

40. Beginning in 1995, the Government adopted a reproductive health and Safe Motherhood approach for the development and implementation of health-sector activities, as set out in its Economic Policy Framework, 1994-1996. This Framework encapsulates the National MCH, Family Planning and Nutrition Programme, whose objectives are, inter alia: to reduce maternal and child mortality and morbidity; to make birth-spacing available throughout the health-care system; and to prepare adolescents for responsible parenthood. This will require working in close collaboration with selected NGOs, as well as with two university health centres in Cotonou. The UNFPA proposed programme, therefore, envisages strengthening one of the main NGOs, the ABPF, to enable it to participate effectively in family planning clinical and outreach services, especially in rural areas.

41. A major goal of the proposed programme is to reformulate and subsequently implement a national reproductive health care and family planning programme, which would include defining the concept, contents and norms for integrating reproductive health services, family planning services and Safe Motherhood activities. UNFPA assistance would be used to help consolidate support to renovate and equip 120 health centres, as well as to supply them with contraceptives.

42. In order to accomplish the proposed goals, it will be necessary to strengthen the Ministry of Health through the development of training modules as well as the provision of training and refresher courses for central and provincial health staff. This training will focus on reproductive health and family planning, in particular as regards information and communication (especially counselling) and service delivery techniques. It will also include training modules on client follow-up; family planning programme planning, implementation and monitoring; and personnel and stock management.

43. In order to provide the services that are actually required, the proposed programme would support research into the critical factors affecting the demand for RH/FP services, including current levels of contraceptive use, the perceived quality of services, and the perceptions and attitudes of health personnel towards family planning. Such research would also examine the reproductive health needs of adolescents, ways of introducing HIV/AIDS topics into RH/FP services, and the impact of the family planning programme on maternal and child mortality.

44. UNFPA assistance would further serve to strengthen the Ministry's recently created Family Health Division through the provision of equipment, training and study tours. The Fund would also help to elaborate a revised Memorandum of Understanding defining the complementary modalities for the collaboration between the Ministry of Health and the ABPF.

45. The proposed programme would also provide support for IEC activities specifically designed to complement the RH/FP programme. A major activity would be to formulate and implement a national IEC strategy that would include audience research and analysis; a plan to cover the training of health personnel in communication techniques; a component on message development; and a built-in evaluation component to assess the impact of various activities. The proposed programme would also reinforce the IEC Section of the Ministry of Health through various training activities. UNFPA would provide $5 million for activities in the area of reproductive health and family planning, including associated IEC activities.

Information, education and communication

46. The overall objective of proposed activities in this area is to create an environment conducive to promoting responsible parenthood and to attaining a fuller understanding among decision makers, religious and community leaders, and the general public of the importance of population factors to sustainable development, and of the relationship between the status of women and levels of fertility. There are several important constraints that must be overcome in achieving this objective: (a) the absence of a national institutional framework to guide the development, implementation, monitoring, coordination and evaluation of an IEC programme; (b) inadequate human and material resources; (c) the absence of

relevant operational research activities in the different concerned ministries; and (d) the existence of sociocultural barriers such as the low status of women and high rates of illiteracy.

47. UNFPA would provide support, in consultation and collaboration with the World Bank, UNICEF and USAID, to elaborate a national strategy on population communication and family planning, to be integrated into the framework of the national policy on communication that is currently being developed. UNFPA would provide funds for operational research that would serve as a basis for developing messages and training activities; providing training in social communication and population issues for journalists and planners; conducting study tours; producing local, culturally-sensitive motivational materials; and extending assistance to national and rural radio stations as well as to traditional communications channels. Support would also be provided to national NGOs involved in population IEC activities to help them build up their technical capacity, procure audio-visual and other equipment, and conduct motivational activities.

48. IEC activities in the formal sector would aim at institutionalizing the population education and FLE programmes at all levels of the educational system. An initial goal would be to transfer the responsibility for the coordination of programme activities to the National Institute for Training and Research in Education. UNFPA would work to synchronize and harmonize the different programmes supported by donor agencies, including their contents, so that they all include material on protecting the environment and preventing the spread of STDs, especially HIV/AIDS. Under the proposed programme, population training components would be extended to teacher training colleges for primary-school teachers and to private educational institutions. UNFPA would seek to strengthen activities started in the previous programme to sensitize parents about the benefits of population education. The programme would also include a built-in evaluation component that would allow for continuous monitoring.

49. UNFPA would continue to support efforts to conceptualize curriculum contents in the light of the country's on-going educational reforms. The Fund would also provide assistance to conduct workshops on developing and implementing multisectoral programmes; to produce audio-visual and educational materials; to make better use of rural radio; to promote close collaboration between the Government and the ABPF, in particular in reviewing the contents of its courses and radio programmes; and to provide support for training abroad in IEC techniques. UNFPA proposes to provide a total of $2 million for activities in the IEC sector.

Data collection and analysis

50. UNFPA assistance would help the Government attain its immediate objective of having, in a usable form, up-to-date and gender-specific socio-demographic data in support of the national population policy by the end of the programme. UNFPA would therefore support efforts to improve the technical and institutional capacities of the National University of Benin in conducting population research and training activities and of the National Institute of Statistics and Economic Analysis (INSAE) in developing a national strategy for data collection and management. UNFPA would also help elaborate and implement a national programme to strengthen the country's data-collection system and to manage an operational database. Specific activities would include undertaking a Safe Motherhood survey and publishing the results before 1997 in order to provide a basis for revising and improving the country's programmes in the areas of reproductive health, IEC, and women in development. The Fund would also provide support for

in-depth research studies on the determinants of internal and external migration in order to facilitate the formulation of government policy in this area. UNFPA would assist INSAE in publishing a national atlas based on the results of the second population census.

51. UNFPA assistance in the amount of $1 million would cover short-term technical assistance from the UNFPA Country Support Team in Dakar, research studies, multisectoral workshops, dissemination seminars, and training in demographic data analysis and in population research.

Population policy and development planning

52. The proposed programme is designed to help improve national technical and institutional capacities to conceptualize, implement and manage population policies and programmes. UNFPA would therefore provide $1.2 million to: (a) strengthen the institutional capacity of the Permanent Secretariat for the Coordination of Population Policy and Programme Implementation as well as the provincial organs of the National Commission for Human Resources and Population in order to facilitate the implementation of the population policy once it is adopted, as well as to coordinate donor activities at the provincial level; (b) make the Documentation Centre of the Permanent Secretariat fully operational; (c) improve the documentation on population questions in all six provinces; and (d) provide short-term training, both on-the-job and abroad, for the specialists involved in elaborating, implementing and coordinating population programmes.

Women, population and development

53. UNFPA would collaborate with other multilateral organizations to provide support for the elaboration of a national policy to promote the empowerment of women. Such a policy would be based on strengthening the partnership between the public sector on the one hand and the private sector and NGOs on the other. The Fund would also support operational research on women's attitudes and opinions concerning family planning in order to provide basic information for improving the reproductive health programme. UNFPA would provide assistance to disseminate the provisions of the Family Code in the national languages. Further, UNFPA would work to change male attitudes concerning the role of women, primarily through the IEC activities it supports.

54. An important area of focus would be women's groups. UNFPA would support population education and FLE activities aimed at these groups, along with courses designed to achieve functional literacy among their members. The Fund would prepare an inventory of existing women's groups, training and social welfare centres for women and girls, as well as other training and literacy structures that could serve as a framework for these efforts. UNFPA proposes to provide $600,000 to support activities in the area of women, population and development.

Programme reserve

55. An amount of $200,000 would be held in reserve for any unforeseen proposals that may be developed within the framework of the proposed programme.

Programme coordination

56. In agreement with the Ministry of Foreign Affairs, the Ministry of Planning and Economic Restructuring is responsible for coordinating and monitoring all external assistance. The National Commission for Human Resources and Population will play a key role in the coordination of the population programme in close collaboration with all the sectoral directorates. UNFPA would endeavour to strengthen collaboration and coordination among the main multilateral and bilateral organizations active in population and related activities (the World Bank, UNICEF, UNDP, and USAID) in order to promote the exchange of experiences and a judicious utilization of scarce resources. The role of NGOs would also be strengthened by promoting closer collaboration between the Government and NGOs, as well as among NGOs themselves, through joint and/or complementary activities. In particular, the activities of the World Bank's $29 million population and health project would be closely coordinated with proposed UNFPA-supported reproductive health activities in order to avoid unnecessary duplication.

57. The members of the Joint Consultative Group on Policy (JCGP) have agreed to harmonize their respective programming cycles. UNDP, UNICEF and UNFPA will undertake a joint programme formulation exercise at the beginning of 1999. In this regard, UNDP intends to extend its current (1994-1997) programme cycle by one year. UNICEF's current programme covers the period 1994-1998. UNFPA would also ensure that outputs from population-related programmes are widely disseminated to other organizations and agencies active in the country and to executing agencies.

Programme management, monitoring and evaluation

58. The monitoring of all the sectoral activities developed as part of the proposed programme would be implemented in compliance with standard UNFPA procedures. All activities would have built-in mechanisms for monitoring and evaluation and would be subject to annual and final tripartite review and monitoring visits. A mid-term programme review would be undertaken during the first quarter of 1997 in order to assess progress and problems in programme implementation and to make appropriate adjustments. The programme would be evaluated in 1998 with a view to determining the profile of the next country programme.

59. The UNFPA Representative and the UNFPA Country Director would have full responsibility for managing the programme. In this regard, the non-resident Country Director, based in nearby Lomé, Togo, will make regular (twice a quarter) programme monitoring visits to Benin (until such time as a resident Country Director is appointed), and will be assisted by the UNFPA local staff. The UNFPA local office would be strengthened by the recruitment in 1996 of a finance assistant.

Financial summary

60. As indicated in paragraph 1, UNFPA would provide assistance to Benin in the amount of $10.0 million from UNFPA's regular resources over the four-year period 1995-1998. The following table shows how the funding would be distributed over the programme areas:

	UNFPA regular resources $
Reproductive health and family planning	5,000,000
Information, education and communication	2,000,000
Data collection and analysis	1,000,000
Population policy and development planning	1,200,000
Women, population and development	600,000
Programme reserve	200,000
TOTAL	10,000,000

V. RECOMMENDATION

61. The Executive Director recommends that the Executive Branch approve the programme for Benin as presented, subject to the availability of resources, and authorize the Executive Director to make the necessary arrangements for its management, funding and execution.

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